

ORDER FORM

ORDERING INFORMATION

(To assist us with your order, please complete the following information)

Name_____

Political Committee_____

Mailing Address_____

City

State

Zip Code

Phone Number_____

REPORT INFORMATION

Please indicate the type of report(s) to be ordered

#	Report number	Description	Copies
1.	E70R0000	VOTER ALPHA LIST	2
2.			
3.			
4.			
5.			

DISTRICT INFORMATION

Please match “#”’s to specify district information for each report ordered.

#	District type	District #	# of ED's	Total
1.	SENATE	16	15	\$60.00
2.				
3.				
4.				
5.				

DELIVERY INFORMATION

(Please complete recipient name and address if different from your mailing address)

Recipient Name_____

Delivery Address_____

City

State

Zip Code

Please check one: ☐ Pick up or ☐ Mail

Orders are picked up or mailed from the Commissioner of Elections office in Dover, DE

PAYMENT INFORMATION

☐ My check or money order #_____ is enclosed.

Checks are made payable to the State of Delaware.

☐ Please bill my account.

You cannot be billed unless you are a Delaware resident AND have established a current political committee.

Signature

Date

For Office Use Only

☐ Walk in

☐ Phone

☐ Fax

☐ Mail

Account Number_____ Invoice Number_____

On system_____ By_____

Order received_____ By_____

Amount quoted_____ By_____

Customer contacted_____ By_____

Order picked up/mailed_____